SŲBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

* APPLICATION FOR PERMIT BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

ENERGY Date:

Permit #; 数3.46-17 11-6-5 17-0092 生でし

Refund:

Amount Paid:

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

City/State/Zip: City/State/Zip: City/State/Zip: Contractor Phone: Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Phone: Agent Mailing Address (include City/State/Zip): Contractor Phone: Agent Mailing Address (include City/State/Zip): Agent Phone: Agent Phone: Agent Mailing Address (include City/State/Zip): Agent Phone: Agent Phone: Agent Mailing Address (include City/State/Zip): Block(s) No. Subdivision: A Contractor Phone: Block(s) No. Subdivision: Agent Mailing Address (include City/State/Zip): Agent Phone: Block(s) No. Subdivision: Agent Mailing Address (include City/State/Zip): Block(s) No. Subdivision: Agent Phone: Block(s) No. Subdivision: Agent Phone: Block(s) No. Subdivision: Agent Phone: Distance Structure is from Shoreline: Floo Block(s) No. Block(s) No. Agent Phone: Block(s) No. Block(s) No. Subdivision: Agent Phone: Block(s) No. Distance Structure is from Shoreline: Floo Block(s) No. Agent Phone: Block(s) No. Block	Non-Shoreland	☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —▶	Section (X), Township (5), N, Range	1/4,1/4 Gov't Lot	PROJECT LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:	Town OF IRON River	AIT REQUESTED—► 5½ LAND USE	The state of the s
Deed ⊕		#		Tow	CSM Vol & Page Lotts) No.	Tax ID# (4-5 digits)	Agent Phone:		Riciar Ces	Tocan of I.R.	INY CÓNDIFIÓNAL USE	S
Cell Phone: Plumber Phone: Plumber Phone: Plumber Phone: Plumber Phone: Pres No Acreage		from Shoreline : ☐ Yes Feet No	Is Property in Hoodplain Zone?	Acn		Recorded Deed (i.e. # assigned by Register of Deeds) Document #: 832 R- W32	-	Plumber Pho		<u> </u>	☐ SPECIAL USE ☐ B.O.A	

Proposed Construction:	Existing Structure					/2, 88	·		Value at Time of Completion * include donated time & material
ction:	Existing Structure: (if permit being applied for is relevant to it)		Property	Run a Business on	☐ Relocate (existing bldg)	□ Conversion	☐ Addition/Alteration	New Construction	Project
	r is relevant to it)		☐ Foundation	☐ No Basement	☐ Basement	☐ 2-Story	☐ 1-Story + Loft	№ 1-Story	# of Stories and/or basement
Length:	length:						Year Round		Use
0 W				⊠ None		_ ω	□ 2	1	# of bedrooms
Width: ジケ/	Width:	□ None	□ Compost Toilet	☐ Portable (w/service contract)	☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	☐ Sanitary (Exists) Specify Type:	□ (New) Sanitary Specify Type:	Municipal/City	What Type of Sewer/Sanitary System Is on the property?
Height: / 3	Height:			tract)	lted (min 200 gallon)	fy Type:	y Type:		e af y System perty?
***							⊡ Well	丞 City	Water

Proposed Use	`	Proposed Structure	₽:	Dimensions	Square Footage
		Principal Structure (first structure on property)		×	
		Residence (i.e. cabin, hunting shack, etc.)		×	
		with Loft	_	×	
Residential Use		with a Porch		×	
		with (2 nd) Porch		×	
		with a Deck		×	
		with (2 nd) Deck		×	
Commercial Use		with Attached Garage	(x }	
		Bunkhouse w/ (□ sanitary, or □ sleeping quarters, or □ cooking & food prep facilities)		×	
		Mobile Home (manufactured date)	(x)	
		Addition/Alteration (specify)		×	
M Wunicipal Use	X,	Accessory Building (specify) アノく人)ノく Sナチュナモル	730	(46×)	フンの
WALLEST AND PROPERTY AND PROPER		Accessory Building Addition/Alteration (specify)		×	
Rec'd for Issuance	o-vorsan			-	
i i		Special Use: (explain)		×)	, in the state of
	Ė	Conditional Use: (explain)	_	×)	
		Other: (explain)	^	×	
Secretarial Stair		a a a a a a a a a a a a a a a a a a a		***************************************	

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) (we) are assumined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) are (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.) S.

Authorized Agent:

Owner(s):

Address to send permit

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

owner(s) a letter of authorization must accompany this application)

(If you are signing on behalf of the

Date

City, Village, State or Federal May Also Be Required

LAND USE - X
SANITARY - City
SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTUCTION

Date

No.	17-	0092	!		Issued	d To:	Town	of	ron Rive	r						
Locatio	n: -	1/4	of		1/4	Secti	ion 8		Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lot	t		L	_ot	1-8		Block	8	Sı	ubdivisi	on I	Lumberm	nans	Addi	tion	CSM#
Conditi	ion(s):	Must	be	loca	ated 10	O feet	from	publ	ic ROW	and Ea	asen	nent Roa	d.			····
NOTE:		<i>.,</i> .			•			:c u						Je	nnifer Mu	urphy
NOTE:	work or l			-		ate of #	ssuance	ir the	authorized c	onstructi	ION			Author	ized Issuing) Official
	_	•		•					hout obtainin on informatio							
	to have b	een m	isrepr	esen	ted, erroi	neous. (or incom	olete.						M	ay 2, 2017	7

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

SUBMIT: COMPLETED APPLICATION, TAX **Bayfield County**

Washburn, WI 54891 (715) 373-6138 Planning and Zoning Depart. PO Box 58

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) I AM PLAN Z. 42-7

	(Orange and the Control of the Contro	
Refund:	Amount Paid:	Date:	Permit #:
	#75 4-13-11	5-4-17	17-0102

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED→► □ LAND USE □ SANITARY □ PRIVY □ CONDITIONAL USE

Owner's Name: , City/State/Zip × Existing Structure: (if permit being applied for is relevant to it)
Proposed Construction: (A) Contractor: Self Authorized Agent: ☐ Shoreland * include donated time & material of Completion A, Non-Shoreland Value at Time Address of Property: 5000 I (we) declare that this application (including an am (are) responsible for the detail and accuracy may be a result of **Bayfield County** relying on t Rec'd for issuance Commercial Use PROJECT LOCATION Municipal Use Residential Use Z Proposed Use Secretarial Staff Section 0 1/4, 80 0 (Per ☐ Conversion
☐ Relocate (existing bldg)
☐ Run a Business on X Addition/Alteration $\hfill \square$ Is Property/Land within 1000 feet of Lake, Pond or Flowage $\hfill \parallel$ fyes—continue Legal Description: (Use Tax Statement) ☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent)

Creek or Landward side of Floodplain? If yes—continue —▶ Property **New Construction** 13 , Township 474 N, Range Project X X < listed on the Other: (explain) Conditional Use: (explain) Special Use: (explain) **Accessory Building** Wobile Home (manufactured date) **Bunkhouse** w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities) Residence (i.e. cabin, hunting shack, etc.) Principal Structure (first structure on property) Accessory Building Addition/Alteration (specify) Addition/Alteration (specify) FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES are companying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) y of all information I (we) are (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) construct the county officials charged with administering county ordinances to have access to the. ad All Owners must sign 5 with a Porch with (2nd) Porch and/or basement with Loft with Attached Garage with (2nd) Deck with a Deck Basement No Basement 2-Story 1-Story + Loft 1-Story Foundation # of Stories er(s)) & O' Lot(s) ota (specify) Contractor Phone: 68090 City/state/Zip: € SE C or letter(s) of auth Proposed Structure Length: Length: thele Held i Troy Year Round 777 Seasonal Use Town of: Iron & Page Plumber: 100/ Agent Mailing Address (include X Distance Structure bedrooms Distance Structure existing None 2 **약** # Lot(s) No. existing City/State/Zip: ron Ru impany this application) Width: Width: Privy (Pit) or None Portable Block(s) No. Compost Toilet (New) Sanitary is from Shoreline: is from Shoreline SPECIAL USE What Type of Sewer/Sanitary System City/State/Zip): (w/service contract) Is on the property? Recorded Deed (i.e Lot Size Document #: Subdivision 500 feet feet Specify Type: _ Specify Type:

| Vaulted (m **Dimensions** Is Property in Floodplain Zone? □ B.O.A. □ OTHER

Telephone: × × $\times |\times| \times |\times| \times |\times| \times$ × \times \times × (min Height: Height: .#assigned by Register of Deeds)
20/5_ R-5-5/5-74/11/5/78 715-372-4509 Cell Phone: Plumber Phone: 288 S Square Footage Are Wetlands 19

Present?
□ Yes
No

A City

Well

Water

3

Address to send permit

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization

must accompany this

City, Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17	7-010)2			Issu	ıed ˈ	То: G	eorge	, Linda, Br	eann	a & E	Brittney	Jatz	0		
Locatio	n: -	1	/4	of	su	1/	4	Section	8	Subdivision CSM# In / Alteration: [1- Story; Shed Addition (12' x 12') = 144 sq. ft.] Ould require additional permitting. In the authorized construction Authorized Issuing Official Inde without obtaining approval. Supplication information is found applete. In a condition of the subdivision							
Par in Gov't Lot 5 Lot Block Subdivision CSM# For: Residential Accessory Structure Addition / Alteration: [1- Story; Shed Addition (12' x 12') = 144 sq. ft.] (Disclaimer): Any future expansions or development would require additional permitting. Condition(s): Building shall not be used for human habitation. NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun. Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found																	
	SEE	december a commence of	A commence of	والمراجع والمراجع والمراج		and a second second second	والمحدد والمراجون	Autoria de la compressión de l		and the second s				<u>ditio</u>	<u>n</u> (12	' x 12') = 1	44 sq. ft.]
								2								***************************************	A LINGUISTA
															J€	ennifer Mu	urphy
NOTE:			-		-			te of issua	ince if t	he authorized c	onstructi	on		,	Author	ized Issuing	g Official
	Control of the Contro	•			•												
	to have	been	mis	srepr	esen	ted, er	rone	eous, or in	comple	te.					M	ay 4, 2017	7
	iiiio pe		iay	DG V	OIG U	ICAOL	(ÇU II	rany pend	mano	s conditions are	HUL			·		Date	

SÜBMIT: COMPLETED APPLICATION, TAX STATIMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
Date Sump (mecenical)

ENTERED Refund: Date: Permit #: Amount Paid: #5.4·10 7-010I 50

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS Bayfield Co. Zoning Depl

PR

2

		×					(plain)	Other: (explain)		Secretarial Staff
	•	×	_				Conditional Use: (explain)	Condition		i
		×					Special Use: (explain)	Special Us		X X 04 22
	-	×	-			Mteration (specify)	Accessory Building Addition/Alteration (specify)	Accessor,	ance 🗆	Rec'd for Issuance
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	-	X	(Addition/Alteration (specify)	Addition/		
	_	×	_			ite)	Mobile Home (manufactured date)	Mobile H		
	_	×) (☐ cooking & food prep facilities)		☐ sleeping quarters,	Bunkhouse w / (\square sanitary, <u>or</u> \square sleeping quarters, <u>or</u>	Bunkhou		
)	×	(rage	with Attached Garage		se	☐ Commercial Use
	_	×					with (2 nd) Deck			
	_	×	_				with a Deck			
		×					with (2 nd) Porch			
	_	×				***************************************	with a Porch		Ф	W Residential Use
	_	×	_				with Loft			
	•	×				shack, etc.)	Residence (i.e. cabin, hunting shack, etc.	Residence		
000086	- .	×	~			ture on property)	Principal Structure (first structure on property)	Principal		
Square		Dimensions			nò	Proposed Structure			<u> </u>	Proposed Use
	#:)S	Height		Width: 24		Length: 多久			ion:	Proposed Construction:
		Height:					r is relevant to it)	ing applied fo	if permit be	Existing Structure: (if permit being applied for is relevant to it)
				□ None					***************************************	
<u>i l</u>			let				131		Property	
I		intract)	ervice co	☐ Portable (w/service contract)	None	The state of the s	1	iness on	Run a Business on	-
	00 gallon)	ulted (min 200 gallon))r Vau		- 1		- 1	existing bldg)	Relocate (existing bldg)	
_	ind of the	Specify Type:	sts) Spec	Sanitary (Exists) Specify Type: Converting] L	₩ Year Kound	☐ 1-Story + LOIT	Alteration	Addition/Alteration	
		if Type:	- 1	(Now) Sanitary		Seasonal		truction	New Construction	
				Nanicipal (C	- 10					material
Water		What Type of Sewer/Sanitary System Is on the property?	What Type of wer/Sanitary Syste is on the property?	Sewer Is o	# of bedrooms	Use	# of Stories and/or basement	ପ୍	Project	Value at Time of Completion * include donated time &
					-					☐ Non-Shoreland
Ç ≅ Yes	3 8	□ Yes	feet	cture is from Shoreline : カンドと feet	Distance Structure チョン	Pond or Flowage If yes—continue —	It's Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue	y/Land within	Is Propert	Shoreland —
Are Wetlands Present?		is Property in Floodplain Zone?	feet	Distance Structure is from Shoreline:	Distance Stru	tream (incl. Intermittent)	S Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? # yescontinue	y/Land within Idward side o	Creek or Lan	
	Acreage	şî 	3.3		Rlver	Fown of:	d, Range S W	p 上) N, Range	, Township	Section 9
		on:	Subdivision:	Block(s) No.	John Lot(s) No.	Vol & Page	と意	Gov't Lot	1/4	1/4,
ASP Commercial Description		Williame 1145 Page(s)	Recorden_	4 05-002-300	08-21-	04- 02 4-シ-47-	(Use Tax Statement) 04- (legal Description:	PROJECT LOCATION
orization		- A &	ate/Zip):	Agent Mailing Address (include City/State/Zip):	gent Mailing Ad			ication on behalf	on Signing Appl	Authorized Agent: (Person Signing Application on behalf of Owner(s))
.е:	Plumber Phone:	P		NIA	Plumber: //	Contractor Phone: PI	Contr	_	Ĺ	
70-01	15-470	. > &		CH840	S IN	Iron Aver.	T. High		Bushin Ba	Address of Property:
78-919	116-298	E3	W D	MOUSOUL!	+ 	Mailing Address:		Glimecki		Owner's Name:
R	OTHER	□ B.O.A.	1 USE	LUSE SPECIAL USE	☐ CONDITIONAL USE	□ PRIVY	SAN	_ LAND USE	JESTED->	TYPE OF PERMIT REQUESTED—>

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application) nit 30 | South 30 to Street Wausau, WE 5

Wausau,

54403

Date

Date

sed the prop

Attach
Copy of Tax Statement
property send your Recorded Deed

Owner(s):

Address to send permit

Authorized Agent: (If there are Mu FALLURE TO OSTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing and that it will be relied upon by **Bayfield County** in determining whether to issue a permit. I (we) further accept liability which may be a result of **Bayfield County** relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described probe trigit any reasonable type for the pyrpose of inspection.

Owner(s):

Owner(s):

That O This information I (we) acknowledge that I (we) acknowledge th

listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

 surveyed corner to the 	the structure within the structure within ten strict research of the minimum or required settlers the houndary line from which the settlers must be measured must be visible from one previously surveyed corner to the	sethack the h	the minimum act	or fact (10) had conditioned a structure within the (10) fact
		Feet	113611 194	Setback to Privy (Portable, Composting)
		Feet	150	Setback to Drain Field
Feet	Setback to Well	Feet	2 100	Setback to Septic Tank or Holding Tank
			-	
Feet	Elevation of Floodplain	Feet	NACO Feet	Setback from the East Lot Line
es / No	20% Slope Area on property	Feet	> 300 Feet	Setback from the West Lot Line
Feet Feet	Setback from Wetland	Feet	びごく	Setback from the South Lot Line
		S-20 Feet	Z SZ	Setback from the North Lot Line
Feet	Setback from the Bank or Bluff		•	
Feet	Setback from the River, Stream, Creek	Feet	Feet	Setback from the Established Right-of-Way
Feet Feet	Setback from the Lake (ordinary high-water mark)	Feet	>150	Setback from the Centerline of Platted Road
			•	
Measurement	Description	ent	Measurement	Description

or construction of a structure within ten (10) feet of the minimum is yed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code

City, Village, State or Federal May Also Be Required

AND USE - X
SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0101			Issued	d To: Lu	ıke &	Shana Glin	iecki	- 					
Location:	=	1/4	of	-	1/4	Section	21	Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lot			l	₋ot	2	Blo	ock	Su	bdivisio	on				CSM# 1	1316

For: Residential Accessory Structure: [1-Story; Pole Building (24' x 32') = 768 sq. ft.]

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Building shall not be used for human habitation and shall not have pressurized water fixtures inside building.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete. This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 4, 2017

INSTRUCTIONS: No permits will be issued until all fees are pulgochecks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEK/SSUED TO SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138 BAYFIELD COUNTY WISCONSIN Bayfield Co. 25 ning Dept. amp (Received) 系の2011

				ANGE OF
Refund:	Amount Paid:	Date:	Permit #:	
	\$100 4.3-17	54-17	17-0103	

The Hearting that the paper toon (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and the first of the paper of the paper of all information (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issum the a result of Bayfield County (whiting on this information (we) am (are) providing in or with this application. I (we) consent to county officials charged with administ above described property of a reasonable time for the purpose of inspection.	and the second s	WAY 0 4 2817	Rec'd for Issuance	мето савительный применти пределативного пределатив		☐ Municipal Use			☐ Commercial Use				X Residential Use			Proposed Use	Proposed Construction:	Existing Structure: (if permit being applied for is relevant to it)					\$		of Completion * include donated time & material		☐ Non-Shoreland	Asiloiciatio —	& characters .	Section	10 10 10 10 10 10 10 10 10 10 10 10 10 1	- 1/4	PROJECT	Authorized Agent: (Pe	Contractor:	Address of Property:	John .	TYPE OF PERMIT REQUESTED -> Owner's Name:
pization (including a heldetail and accura the County relying or At any reasonable ti	e de la constitución de la const		T	Т					lse				ä			•	tion:	(if permit bein	X Kaplace	Property	Run a Business on	Beincate (existing hide)	Addition/Alteration	New Construction	Project			X Is Property/	☐ Is Property/ Creek or Land	T, Township 4 1	18		Legal Description	rson Signing Applic			3 8	QUESTED—►
any accompanyin; icy of all informat this information ime for the purpo	FAILURE TO C	Other: (explain)	Special Use: (explain)		Accessory	Accessory Building	Addition/Alteration	Bunkhouse						Residence	Principal S			gapplied for			ess on	isting hide)	reration	uction	#			Land within	Land within ward side of		深 22) ၉		gning Application on behalf of Owner(s)		t to		☐ LAND USE
g information) has been tion I (we) am (are) pro n I (we) am (are) provious se of inspection.)BTAIN A PERMIT <u>o</u> r	Other: (explain) COMCVT E	explain)	d	Þ	-	Addition/Alteration (specify)	Bunkhouse w/ (sanitary, or	with Attached Garage	with (2 nd) Deck	with a Deck	with (2 nd) Porch	with a Porch	(i.e. cabin, hunting shack,	Principal Structure (first structure on property)			is relevant to it)	Mail Grade	□ Foµndation		Basement	1-Story + Lon	1-Story	# of Stories and/or basement			(Lis Property/Land within 1000 feet of Lake,	☐ Is Property/Land within 300 feet of River, Creek or Landward side of Floodplain?	N, Range		ot Lot(s)	(Use Tax Statement)	30	5	0		
n examined by widing and that ding in or with	;STARTING C				on/Alterat	ifv)	ed date)	or □ slee	Garage	*		ch		ting shack,	tructure c	Propo	Length:	Length:	16.6		nt	5_	_		ent), Pond or Flowage If yescontinue	If yescontinue -	W		CSM	产版 : 723 diğit 04 7	Agent Phone:	Contractor F	City/State/Zip:	3966 tountain	☐ SANITARY ☐ PRIVY Mailing Address:
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Owner(s):

(If there are Multiple Owners

All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

(If you

vner(s) a

of authoriza

Address to send permit &

Prothner

APPLICANT PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

54847

Copy of Tax Statement V

Date

4-2-

Date

N

Fron

Show any (*): Show any (*): Show: Show: Show Location of (*): Show / Indicate: Show Location of: or Sketch your Property (regardless of what you are applying for) Proposed Construction
North (N) on Plot Plan
(*) Driveway and (*) Frontage Road (Name Frontage Road)
All Existing Structures on your Property
(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(*) Wetlands; or (*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

			Feet	≥	Setback to Privy (Portable, Composting)
			Feet	3 A	Setback to Drain Field
Feet	6	Setback to Well	Feet		Setback to Septic Tank or Holding Tank
				1	
Feet	7	Elevation of Floodplain	Feet	ない	Setback from the East Lot Line
□ No	V Yes	20% Slope Area on property	Feet	Ž	Setback from the West Lot Line LaVC
Feet	25	Setback from Wetland	Feet	704	Setback from the South Lot Line
			Feet	107	Setback from the North Lot Line
Feet		Setback from the Bank or Bluff	14,000	1	
Feet	Z.	Setback from the River, Stream, Creek	Feet	1204	Setback from the Established Right-of-Way
Feet		Setback from the Lake (ordinary high-water mark)	Feet	1504	Setback from the Centerline of Platted Road
	£ 4				
ment	Measuremen	Description	*	Measurement	Description

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code. The Iocal Town, Village, City, State or Federal agencies may also require permits.

Appropriate the second s		Hold For Fees:	Hold For Affidavit:	Hold For A	Hold For ABA:	Hold For Sanitary:	Hold Fo
24-17	CCX Date of Approval.	to rapport	120	C	W)	Signature of Inspector:	Śignatı
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2	シェナ	ached.)	(If <u>No</u> they need to be att	ached? □Yes □No-	d Conditions Atta	Condition(s):Town, Committee or Board Conditions Attached? Yes \(\text{No-(if No they need to be attached.)} \)	Condit
tion:	Date of Re-Inspection:	weeks.	M) Machines] Inspected by: () (1/5-3-1/	Date of Inspection: 4-7-17/5-3-17 Inspected by: JCRONNOON INVISION	Date o
Zoning District (R) Lakes Classification (1) Lake Que	Zoning District (R)	ming to	nt of Stewn	15 does po	シアマナ	inspection Record: (andling in front 25 door part of Steurnson) to	inspect
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Roston -	e#: Uang	by Variance (B.O.A.) Case #:	Previously/Granted by Variance (B.O.A.			Granted by Variance (B.O.A.) Case #:	Granted by Va Yes JMp
□ Yes \ \ No □ Yes \ □ No	Affidavit Required Affidavit Attached	□ Yes VNo	Mitigation Required Mitigation Attached	d) No	☐ Yes (Déed of Record) ☐ Yes (Fused/Contiguous Lot(s)) ☐ Yes	~	ls Parc ls Parc ls S
			61-12	Permit Date: 5		Permit#:, 17-0163	Permit
				Reason for Denial:		Permit Denied (Date):	Permit
	Sanitary Date:	# of bedrooms:		Sanitary Number:	Use Only)	Issuance Information (County Use Only)	Issuar

Revised 5/4/2017 Lake Millicent 110-191 2 Shore Lines Prethner Stair way 8-Risels at 7" North Boat Patio Hous e * concrete Stairway to lake DEGETYED MAY 04 201, U Entry Door > 172-Risers at 7" fauce+> Bayfield Co. Zonling (Debt Existing 8-Risers at 7" House (All stain Tread's at) ENTAL DOOL -6 12 Risels at 7" 8 x 5 = 40 \$\Pm\$ 15 x 4 = 40 \$\Pm\$ 12 x 4 = 48 \$\Pm\$ 13 x 4 = 53 \$\Pm\$ total 200 \$

City, Village, State or Federal May Also Be Required

SANITARY SIGN SPECIAL CONDITIONAL BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17	7-01	03			Issue	d To: Y	onne/	Solon / Mi	ke Fu	rtak,	Agent				
Locatio	on: -		1/4	of		1/4	Section	27	Township	47	N.	Range	8	W.	Town of	Iron River
Par in															0014#	
Gov't Lo	ot 2				Lot		Blo	ock	Su	bdivisio	on				CSM#	
														Je	ennifer Mu	ırphy
NOTE:	-		•		•		date of issua	ance if th	ne authorized co	nstructi	on					
	work or					-							•	Autrior	rized Issuing	J Official
									vithout obtaininç ation informatio							
	to have	bee	n mi	srep	resen	ted, erro	neous, or in	complet	e.					M	ay 4, 2017	7
	ı nıs pe	ermit	may	pe v	ola ol	r revoke	α ir any perfo	ormance	conditions are	TOT		<u></u>		WIT-	Date	
	complet	ted c	or if a	any p	rohibi	itory cor	nditions are v	iolated.								

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

THOUGHS

CARY

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

S M 13 Makes

JUN 02 2016

MT Manount Paid: Permit #: Refund: Date: から 19-010N の上 のよう

INSTRUCTIONS: No permits will be issued until all fees are paid.

Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Bayfield Co. Zoning Dept

SPECIAL USE B.O.A. OTHER Tolephone: Tolephone:
Phone:

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

ıst sign <u>or</u> letter(s) of authorization

25

O Le

y this application)

Date

247

Date

Address to send permit

I (we) declare that this application (including any accor am (are) responsible for the detail and accuracy of all may be a result of **Bayfield County** relying on this inf above described property at any reasonable tine for the

FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES my accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) yo fall information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the

	The same of the sa	A
Date of Approval:		Signature of Inspector:
No - (If No they need to be attached.)	Inspect Board Conditions Attached?	Date of Inspection: $5 \cdot 3$ Condition(s):Town, Committee or
Zoning District (ルイ)		Inspection Record:
Were Property Lines Represented by Owner	gally Created Xyes □ No re Delineated Xyes □ No	
Previously Granted by Variance (B.O.A.) Case #:	ជ្ហ∖⊢	Granted by Variance (B.O.A.) □ Yes 기사ー
No Mitigation Required □ Yes VNo Affidavit Required No Mitigation Attached □ Yes VNo Affidavit Attached	d Lot	Is Parcel a Sub-Standard Lot Is Parcel In Common Ownership Is Structure Non-Conforming
1 Date: 5-4-17 NO ONLY TONN (MA) SUN	Permit Date:	Permit #:17-0106
Sanitary Number: # of bedrooms: Sanitary Date:	(County Use Only) Sanitary Nu	Issuance Information (County Use Only)
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits.	NOTICE: All Land Use Permits Expire One I Construction Of New One & Two Family Do The local Town, Village, C	(5) Stare of For The (
	n of a structure more than ten (10) feet but less than third other previously surveyed corner, or verifiable by the Do owner's expense.	Prior to the placement or construction of a sone previously surveyed corner to the other marked by a licensed surveyor at the owner
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Feet Setback from the Bank or Bluff		Setback from the North Lot Line
Feet Setback from the Lake (ordinary high-water mark) +/+0 Feet		Setback from the Centerline of Platted Road Setback from the Established Right-of-Way
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Changes in plans must be approved by the Planning & Zoning Dept.	Setbacks: (measured to the closest point)	(8)
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iction	; ;	

city, Village, State or Federal May Also Be Required

completed or if any prohibitory conditions are violated.

SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	17-	0105	Issued To	Richard	d & Tracy O	gle		nimer comment		 .		
Locatio	on: -	½ of -	1⁄4 Se	ection 2	Township	47	N.	Range	8	W.	Town of	Iron River
Gov't Lo	ot	Lot	34 & 35	Block	Su	bdivisio	on S e	econd A	ddit	tion t	o Long La	ıke CSM#
Committee Southern Southern Committee Committee	energia transcriata de estado en entre en entre entre entre en entre entre entre entre entre entre entre entre	an in the commence of the comm		Andrew Commission and Commission of the Commissi	x 16') = 80 so		and the second of the second of the					
Condit	ion(s):											
										Je	nnifer Mu	ırphy
NOTE:	•	nit expires one ye and use has not b		of issuance if t	he authorized co	nstruction	on		ŀ	Author	ized Issuing	Official
	-	•			without obtaining cation informatior							
	to have b	een misrepreser	ited, erroneou	s, or incomple			iu			M	ay 4, 2017	
	ring perii	inclinay be volu o	i icvonca ii ai	iy periorinano		100					Date	

SUBMIT: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58

Washburn, WI 54891 (715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received) 76 Sal.

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1-12-17

ENTERED Permit #: Refund: Amount Paid: bate: # \$ \$ \$ \$ \$ \$ 7-0105 チジー

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

City/State/Zip: Contractor Phone:	Contragor Phone: Contragor Phone: Agent Mailing Address (Include City/State/Zip): Agent Phone: Agent Mailing Address (Include City/State/Zip): Agent Mailing Address (Include City/State/	Contragor Phone: Agent Mailing Address (Include City/State/Zip): Agent Phone: Agent Mailing Address (Include City/State/Zip): Agent Mail	Secretarial Staff I (we) declare that this application finished in am (are) responsible for the detail and accu		MAY O A 2017 I		Rec'd for Issuance		Municipal Use				Commercial Use	×		X Residential Use			Proposed Use	Proposed Construction:	xisting Structure: (if permit b	Property	ÿ Relocate	Conversion ☐ Conversion	☐ Addition		Value at Time of Completion *include donated time & material	Non-Shoreland		☐ Is Prope Creek or L	Section, Township	1/4,1/4	LOCATION Legal Description:	DBOIR O	MOOCHWII Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property:
City/State/Zip: Contractor Phone:	Contragor Phone: Contragor Phone: Agent Mailing Address (Include City/State/Zip): Agent Phone: Agent Mailing Address (Include City/State/Zip): Agent Mailing Address (Include City/State/	Contragor Phone: Agent Mailing Address (Include City/State/Zip): Agent Phone: Agent Mailing Address (Include City/State/Zip): Agent Mail	FAILURE TO OBTAI	Other: (explain)				Accessory Buil	Accessory Build	Addition/Alter	Mobile Home (Bunkhouse w/	wit			Wi	With the live (i.e.	Principal Struc			eing applied for is re	X.] (ă □Î	Ŕ	Project		rty/Land within 1000	rty/Land within 300 andward side of Floc	hip 4 2 N, Ran		""		oplication on behalf of Ow	BOHN ST.	MIC
Plumber: Composition Composition	Plumber: DOM LOATO Agent Mailing Address (include City/State/Zip): Lotts) No. Block(s) No. Subdivision	Plumber: Distance Structure is from Shoreline: feet	IN A PERMIT or STARTH mation) has been examine we) am (are) providing an		e: (explain)	xplain)		ding Addition/Alt	ding (specify)	ation (specify)	manufactured date	(☐ sanitary, or ☐ :	th Attached Garas	th a Deck	th (2 nd) Porch	th a Porch	th Loft	ture (first structu	PJ			Foundation	Basement	***************************************	+ Loft		# of Stories I/or basement			feet of River, Strear odplain? If yes	ge 8 w	· · ·	-			Contrac	City/st
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Attach
Copy of Tax Statement
property send your Recorded Deed

If you recently purchased the prop

Date

Date

Owner(s):

ora Owners listed

Authorized Agent:

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

the Deed $\underline{\textbf{All}}$ Owners must sign $\underline{\textbf{or}}$ letter(s) of authorization must accompany this application)

Address to send permit

(9) Stake or Mark Proposed Loc NOTICE: All Land Use For The Construction Of New O The Identity Use Only) Permit Penied (Date): Permit #:	Please complete (1) (7) above (prior to co (8) Setbacks: (measured to the Description Setback from the Centerline of Platted Road Setback from the Established Right-of-Way Setback from the North Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback from the East Lot Line Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting) Prior to the placement or construction of a structure within ten (10 other previously surveyed corner to the other previ	(1) Show L (2) Show / (3) Show L (4) Show: (5) Show ar (7) Show ar
Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W). NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: # # predictions: # predictions: # predictions: # predictions: # predictions: # predictions: West of Predictions: West of Record West of Record West of Required West of Required West of Required West of Record West of Required West of Record West of Record West of Required West of Required West of Record West of Required West of Record West of Record	the closest point) Weasurement Weasurement Weasurement Feet	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) H (*) Lake; (*) River; (*) Slopes over 20% (*) Wetlands; or (*) Slopes over 20% 35 Wetlands; or (*) Slopes over 20% All All All All All All All A
iceptic Tank (ST). Drain field (DF). Holding Tank (Ithe Date of Issuance if Construction or Use has not funicipalities Are Required To Enforce The Uniform oderal agencies may also require permits. # of bedrooms:	Changes in plans must be approved by the competion of Floodplain Setback from the Lake (ordinary high-water models) betback from the Bank or Bluff Setback from Wetland 20% Slope Area on property Elevation of Floodplain Setback to Well Setback to Well Setback to Well	Proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage Road (Name Frontage Road) All Existing Structures on your Property (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Wetlands; or (*) Slopes over 20% (*) Wetlands; or (*) Slope
not begun. orm Dwelling Code. Sanitary Date: Sanitary Date: Yes No Affidavit Attached Yes No One Of No One Of Re-Inspection: Date of Re-Inspection: Date of Approval:	wed by the Plaining & Zoning Dept: Weasurement Feet	(*) Privy (P) Wes T A A A A A A A A A A A A A

Village, State or Federal Nay Also Be Required

USE - X SANITARY - City SIGN -

SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No. 17-0104 Issued To: Donald Lehto

Location: - ¼ of - ¼ Section 7 Township 47 N. Range 8 W. Town of Iron River

Gov't Lot Lot 1 - 3 Block 6 Subdivision Original Plat of Iron River CSM#

For: Residential Use: [1- Story; Residence (20' x 40') = 800 sq. ft.; Porch (12' x 20') = 240 sq. ft.]

Total Overall = 1,040 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Any necessary UDC requirements shall be complied with.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 4, 2017

SUBY:TI: COMPLETED APPLICATION, TAX

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

Permit #: Date: Refund: Amount Paid: 5-4-17 \$100 \$100 17.010kg 3-16-17

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

		SE 🗆 SPECIAL USE	Checks are made payable to: Bayfield County Zoning Department. Dayfield Co. Zoning Dept. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
Cell Phone:	Telephone: 608 7/9 9/5	□ B.O.A. □ OTHER_	

Section 33 , Township 47 N, Range 08 W	1/4,1/4 Gov't Lot Lot(s) CSM	LOCATION Legal Description: (Use Tax Statement) 04-O			uthorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	ontractor: Contrac	of 7 Cickin Back Tr. I Tron 1		Jicholas & Anna Chesmore F.O.I	
TOWN DIVER	Vol & Page Lot(s) No. Block(s) No.	04-024-2-47-08-33-100-33-62100 Volume	3 digits) TAY 1.D. 36888		Phone: Agent Mailing Address (include City/State/Zip):	Contractor Phone: Plumber: S: p シ&S	71200	Tree.	Mailing Address: てつれるいとで City/State/Zip:	"我想到到时间,我们的时间的人,我们是有一个人的,我们们的一个人的,我们也没有一个人的,我们也不是一个人的,我们们也是一个人的,我们们也是一个人的,我们们们们们
Cot Size	Subdivision:		Recorded Document: (i.e. Property Ownership)	□ Yes		Plumbe	2	Cell Phone:	Telepho	Control of the Contro
age 🛇		Page(s)	perty Ownership	□ Yes □ No	Written Authorization Attached	718 372-8221	1	one:	Telephone: 608 719 915 9	

		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TOUR CONTRACTOR			Condition Follow	7
□ Shoreland 🛶	Is Property/Land within 1000 feet of Lake, Pond or Flowage	ı 1000 feet of Lake, Ponı If ye	Pond or Flowage If yescontinue	Distance Struc	Distance Structure is from Shoreline : feet	□ Yes □ No	□ Yes
☐ Non-Shoreland							
Value at Time of Completion *include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	of System erty?	Water
	New Construction	图 1-Story	Seasonal	一一一	☐ Municipal/City		☐ City
5	☐ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☑ (New) Sanitary Specify Type: Cの内での	Туре: Сбичеи.	⊠ Well
\$ 40,000	☐ Conversion	□ 2-Story		□ 3	☐ Sanitary (Exists) Specify Type:	Type:	
	☐ Relocate (existing bldg)	□ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	ed (min 200 gallon)	
	☐ Run a Business on	□ No Basement		□ None	☐ Portable (w/service contract)	act)	
	Property	☐ Foundation			Compost Toilet		
					None		

Existing Structure: (If permit being applied for is relevant to it)	Length:	with the same of t	* 1003 80
On:	Length: Zuff	Width: 18 FT	Height: 14 Ct
	A CALLED TO THE CALL OF THE CA		
	-	<u>, </u>	Square Square
Proposed Use Y	Proposed Structure		Imensions Footage
Dringing Structure (first structure on property	re on property)		× -

Proposed Use	1	Proposed Structure	Dimensions	sions	Square Footage
		Principal Structure (first structure on property)	×	_	
	Q	Residence (i.e. cabin, hunting shack, etc.)	x &1)	x 24)	432
		with Loft	×	_	**************************************
Residential Use		with a Porch	× T	6	hr
		with (2 nd) Porch	(×	_	
		with a Deck	(12 x	. 4 ×	96
		with (2 nd) Deck	(×	_	
☐ Commercial Use		with Attached Garage	(×		
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	×		
		Mobile Home (manufactured date)	×		
		Addition/Alteration (specify)	(x	_	
Municipal Use		Accessory Building (specify)	×		
		Accessory Building Addition/Alteration (specify)	×		
			- Advantage		
		Special Use: (explain)	(×	-	
		Conditional Use: (explain)	×		
		Other: (explain)	×	_	

above described property at any reasonable time for the purpose of inspection.	may be a result of Bayfield County relying on this information I (we) am (are) providing no with this application. I (we) consent to county officials charged with administering county	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and comple	FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
	ith this appl	hat it will be	y me (us) a ענ	CONSTRU
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	(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany Authorized Agents	
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(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

Date

N

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Attach
Copy of Tax Statement
the property send your Records

Signature of Inspector: Hold For Sanitary: Hold For N	Condition(s):Town, Committee or Board Conditions Attached? UDC PLANAT + 4	Was Parcel Legally Created Xyes Was Proposed Building Site Delimeated Xyes Inspection Record: DWYN W WAS Proposed Building Site Delimeated XYes Inspection Record: DWYN W WAS Parcel Legally Created Xyes Date of Inspection:	Permit Denied (Date): Permit #: // O/O(6 Is Parcel a Sub-Standard Lot Yes (Dec Is Parcel in Common Ownership Is Structure Non-Conforming Yes (Fus Is No) Yes (B.O.A.)	(9) Stake or Mark Proposed Loc NOTICE: All Land Use I For The Construction Of New O The lo Issuance Information (County Use Only)	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense. Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.	Setback to Septic Tank or Holding Tank Setback to Drain Field Setback to Privy (Portable, Composting)	Setback from the West Lot Line Setback from the East Lot Line	Setback from the North Lot Line Setback from the South Lot Line	Setback from the Centerline of Platted Road Setback from the Established Right-of-Way	Description	Please complete (1) ~ (7) above (prior to continuing) (8) Setbacks: (measured to the closest point)	(1) Show Location of: F (2) Show Indicate: F (3) Show Location of (*): (4) Show: (4) Show: (5) Show: (6) Show any (*): (7) Show any (*): (8)
3A: Hold For Affidavit:	YES NO	Inspected by 12	Reason for Denial: Permit Date: 5, 4, 7 (Deed of Record) No Mit (Fused/Contiguous Lot(s)) No Prev	ation(s) of New Construction, Permits Expire One (1) Year from ne & Two Family Dwelling: ALL I cal Town, Village, City, State or F Sanitary Number:	(1.0) feet of the minimum required setback, the bounds eyor at the owner's expense. Then (1.0) feet but less than thirty (3.0) feet from the mined corner, or verifiable by the Department by use of a corner.	Feet Feet		Feet	11 % Feet Feet	Measurement	continuing) the closest point)	(1) Show Location of: (2) Show Indicate: (3) Show Location of (*): (4) Show: (5) Show: (6) Show: (7) Show any (*): (8) Our Property (regardless of what you are applying for) (8) Proposed Construction (9) Proposed Construction (10) Proposed Construction (11) Show Location of (*): (12) Show Indicate: (13) Show Location of (*): (14) Show: (15) Show: (16) Show: (17) Show any (*): (18) Show any (*): (19) Show any (*): (10) Show any (*): (10) Show any (*): (11) Show any (*): (12) Show any (*): (13) Show any (*): (14) Proposed Construction (15) Show any (*): (16) Show any (*): (17) Show any (*): (18) Show any (*): (19) Show any (*): (19) Show any (*): (10) Show any (*): (10) Show any (*): (11) Show any (*): (11) Show any (*): (12) Show any (*): (13) Show any (*): (14) Show any (*): (15) Show any (*): (16) Show any (*): (17) Show any (*): (18) Show any (*): (18) Show any (*): (19) S
Hold For Fees:	eed to be attached.) Africa	Were Property Lines Represented by Owner Was Property Surveyed	Mitigation Required Ses No Mitigation Attached Ses No Previously Granted by Variance (B.O.A.)	Septic Tank (ST). Drain field (DF). Holding Tank (HT). the Date of Issuance if Construction or Use has not beg Municipalities Are Required To Enforce The Uniform Dw ederal agencies may also require permits.	dary line from which the setback must be measured must be visible inimum required setback, the boundary line from which the setbac corrected compass from a known corner within 500 feet of the properties.	Setback to Well	20% Slope Area on property Elevation of Floodplain	Setback from Wetland	Setback from the Lake (ordinary high-w Setback from the River, Stream, Creek Setback from the Bank or Bluff	Description	Changes in plans must be	ying for) ime Frontage Road) ain Field (DF); (*) Holding Tank (HT) a (*) Pond
Date of Approval:	THE STATE OF THE S	Zoning District Lakes Classification Date of Re-Inspec	Affidavit Required ☐ Yes Affidavit Attached ☐ Yes	Tank (HT), Privy (P), and Well (W). has not begun. hifform Dwelling Code. Sanitary Date:	ust be visible from one previously surveyed comer to the the the setback must be measured must be visible from et of the proposed site of the structure, or must be	20-30	□Yes	Oh:	high-water mark) 280 Creek	Measurement	Changes in plans must be approved by the Planning & Zoning Dept.	and/or (*) Privy (P)
		(R)	10 00 00 00 00 00 00 00 00 00 00 00 00 0	% .	corner to the sible from	Feet .	Feet	Feet	Feet Feet Feet	ment	ning Dept.	,

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Village, State or Federal May Also Be Required

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SIGN-SPECIAL -CONDITIONAL -BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Nicholas & Anna Chesmore Issued To: 17-0106 No. Iron River Town of W. 8 Range 47 N. Township 33 Section $\frac{1}{4}$ of 1/4 Location: CSM# Subdivision Kickin Back Block Lot Gov't Lot

For: Residential Use: [1- Story; Residence (18' x 24') = 432 sq. ft.; Porch (4' x 6') = 24 sq. ft.:

Deck (12' x 8') = 96 sq. ft.] Total Overall = 552 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): UDC permit and inspection required.

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

> Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Jennifer Murphy

Authorized Issuing Official

May 4, 2017